

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003

West Sacramento, CA 95798-9003

(916) 574-7870 Fax (916) 574-8620

**APPLICATION FOR CREMATORY LICENSE****INITIAL FILING FEE \$400.00****CR NUMBER ISSUED****SECTION A: CREMATORY INFORMATION**

Name of Crematory		If this is an existing Crematory, current CR Number	
Address of Crematory	City	State <b>CA</b>	Zip Code
Mailing Address of Crematory (If different from above)	City	State	Zip Code
Phone Number (     )	Fax Number (     )	Email Address (Not required)	

**SECTION B: NAME OF PERSON FILING THE APPLICATION**

(If corporation, submit copy of a resolution delegating authority to applicant to submit the application.)

Last	First	Phone Number (If different than above) (     )
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**SECTION C: NAME OF DESIGNATED CREMATORY MANAGER**

Last	First	License Number <b>CRM</b>	Expiration Date
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**SECTION D: APPROVAL TO SHARE CREMATORY MANAGER**

(If applicable, must be under common ownership and within 60 miles of the main office)

Name of Crematory Designated as Main Office		License Number <b>CR</b>		Miles From New Crematory	
List CR Numbers of Additional Crematories Managed	CR Number	CR Number	CR Number	CR Number	CR Number

**SECTION E: OWNERSHIP**

FEIN Number	Date of Sale (If applicable)
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If owner is an **INDIVIDUAL**, complete the following:

Last Name	First	Middle Initial
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**ATTACH A COMPLETED CERTIFICATION AFFIDAVIT.**If owner is a **PARTNERSHIP**, list ALL partners and percentage owed: (Attach additional pages if needed)

Last Name	First	Middle Initial	% Owned

**ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH PARTNER.****FOR BUREAU USE ONLY**

Date Cashiered	Amount Cashiered	ATS Number	Receipt Number
	Completed On		

<b>If owner is a CORPORATION, complete the following</b>			
Name of Corporation (Exact name as shown on Articles of Incorporation)			
Incorporated in State of		Date Incorporated	
<b>CORPORATE OFFICERS – List top 4 senior officers of the corporation.</b>			
Title	Last Name	First	Middle Initial
President			
Vice President			
Treasurer			
Secretary			
<b>ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH OFFICER.</b>			
<b>SECTION F: APPLICANT CERTIFICATION</b>			
<i>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</i>			
Signature	Title	Date	

**Note:** The information solicited on this form is required pursuant to Business and Professions Code Section 9781. All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

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**CERTIFICATION AFFIDAVIT**

To be completed by each Owner, Partner, Officer, and Trustee (Make additional copies as needed).

I am completing this Affidavit as a:			
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Trustee
Name of Funeral Establishment, Cemetery, Crematory or Corporation this affidavit is being submitted on behalf of			
Phone Number (      )		License Number of FD, CR or COA (If applicable)	
Last Name		First	Middle Initial
Address		City	State      Zip Code
Date of Birth	Social Security Number		Title (If applicable)
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service Form to the Cemetery and Funeral Bureau?  <b>If yes</b> , for what license, and the approximate date. _____  <b>If no</b> , submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code section 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.)  <b>If "yes,"</b> please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country  <b>If "yes,"</b> please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification affidavit, including all supplementary statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR BUREAU USE ONLY**

Fingerprints on File with		Live Scan Results Received on	
Approved by	Enforcement Approval		Date

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.

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**REQUIREMENTS FOR COMPLETING THE APPLICATION FOR CREMATORY LICENSE**

*To be considered complete, the application must include:*

1. Completed application with correct fees.
2. A corporate resolution delegating authority to submit the application, if applicant is a corporation.
3. A certified copy of your Articles of Incorporation if applicant is a corporation (may be obtained from the Secretary of State's web site located at [www.ss.ca.gov/business](http://www.ss.ca.gov/business)).
4. Partnership agreement, if applicant is a partnership.
5. Permit to operate a crematory issued by the local air pollution control district.
6. Land use or zoning permit.
7. Certified copy of a Deed, lease, or other instrument which provide the applicant with the right to possess and use the property where the business will be located.
8. A statement signed by the applicant if the applicant is an individual; signed by the majority and verified by one of the directors, if the applicant is a corporation; or signed and verified by a majority of the partners, if applicant is a partnership, which statement shall set forth the following three requirements:
  - A. A complete and detailed financial statement showing assets, liabilities and reserve.
  - B. A statement of proposed plan of operation which shall include the type of selling. The statement should include what they sell and to whom (i.e. merchandise, cremation services available to the public, etc.) and a copy of any price lists for goods and services if they sell to the public. If services are not available to the public, then the statement should indicate that.
  - C. A full, true, and complete copy of the standard agreement which will be used for funding of prearranged cremations.
9. Plans and specifications of the crematory and building, which must be sufficient to allow the Bureau to determine, among other things, adequacy of storage for cremated and non-cremated remains.
10. Copy of a recent fire inspection report or a certificate of occupancy.
11. Evidence of a written contract with a licensed cemetery for final disposition of cremated remains that are in its possession after 90 days of the date of death.
12. Submit Certification Affidavits for all officers, owners and partners.

*If you have any questions or need clarification about any of the documents that need to be submitted to complete the Crematory application, please contact the Cemetery and Funeral Bureau Licensing Unit.*